

CHAPTER 5
ILLUSTRATED FORMS

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CITY/TOWN COURT CASH BOOK

Prescribed by State Board of Accounts

RECEIPTS																		
	Date		Receipt or Check Number	Fee Book		Case Number	From Whom Received or to Whom Paid	Total Cash Received	Court Costs			State Fines and Forfeitures	Infraction Judgments	Overweight Vehicle Fines	City/Town Fines	Document Fees	Record Perpetuation Fees	Local User Fees
	Mo.	Day		No.	Page				State	County	City/Town							
							AMOUNT BROUGHT FORWARD											
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CITY/TOWN COURT OF _____

DISBURSEMENTS																				
	State User Fees		Safe Schools Fees	Highway Work Zone Fees	Family Violence Fees	Cash Bonds	Administrative Fees	Special Death Benefit Fees	Marijuana Eradication Fees	Jury Fees	Other Fees	Trust Funds	Total Disbursements	Fees Paid to State	Fees Paid to City/Town	Fees Paid to County	Cash Bonds	Other Fees	Trust Funds	
	Due State	Due County																		
1																				1
2																				2
3																				3
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5																				5
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26																				26

SAMPLE

[illegible]

Form Prescribed by State Board of Accounts Form No. 214CT (Rev. 1997)

NO _____

CITY/TOWN COURT RECEIPT - _____ COURT

Date _____

Kind _____

Number _____

M.O. _____

Case Number _____

RECORD

Payment Type and Amount

Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

From Whom Received _____

On What Account _____

\$ _____
Total Received

Court Costs:		
State Share		
County Share		
City/Town Share		
State Fines and Forfeitures		
Infraction Judgments		
Overweight Vehicle Fines		
City/Town Fines		
Document Fees		
Record Perpetuation Fees		
Local User Fees:		
Pretrial Diversion Program		
Alcohol and Drug Service Program		
Law Enforcement Continuing Education		
Deferral Program		

State User Fees:		
Alcohol and Drug Countermeasures		
Drug Abuse, Prosecution		
Interdiction and Corrections		
Safe Schools Fees		
Highway Work Zone Fees		
Family Violence Fees		
Cash Bonds		
Administrative Fees		
Special Death Benefits Fees		
Marijuana Eradication Fees		
Jury Fees		
Other Fees:		
Trust Funds:		
TOTAL		

By _____

(Judge) (Clerk) City/Town Court

Form Prescribed by State Board of Accounts

City and Town Form No. 215 (1987)

CITY/TOWN COURT

PAY TO THE
ORDER OF

No. _____

SAMPLE

\$ _____

DOLLARS

FOR _____

_____ DOCKET NO. _____ PAGE _____ CAUSE NO. _____

(Judge) (Clerk) City/Town Court

Form Prescribed by State Board of Accounts

City and Town Form No. 215 (1987)

CITY/TOWN COURT

PAY TO THE
ORDER OF

No. _____

SAMPLE

\$ _____

DOLLARS

FOR _____

_____ DOCKET NO. _____ PAGE _____ CAUSE NO. _____

(Judge) (Clerk) City/Town Court

Form Prescribed by State Board of Accounts

City and Town Form No. 215 (1987)

CITY/TOWN COURT

PAY TO THE
ORDER OF

No. _____

SAMPLE

\$ _____

DOLLARS

FOR _____

_____ DOCKET NO. _____ PAGE _____ CAUSE NO. _____

(Judge) (Clerk) City/Town Court

**REPORT TO COUNTY AUDITOR OF FINES AND FEES
COLLECTED IN CITY/TOWN COURT**

To the Auditor of _____, County, Indiana

I, _____, (Judge) (Clerk) of _____
City/Town Court, hereby certify that I have collected the following amounts of fines and forfeitures
payable to the county:

For the month ending _____, _____

Itemization	Collections This Period		Prior Collections		Year to Date Collections	
State Fines and Forfeitures						
Infraction Judgments						
Overweight Vehicle Fines						
State User Fees (75%) - County Drug Free Community Fund						
Marijuana Eradication Fees						
Jury Fees						
TOTAL AMOUNT COLLECTED						

Dated _____, _____

(Judge) (Clerk) _____ City/Town Court

NOTE - Mail To:

_____ County Auditor

(Make check payable to _____ County Treasurer)

(Judge)Clerk) of City/Town Court

Daily _____ Monthly _____

City Town Form No. 219CT (Rev. 1997)

SAMPLE

_____;

	Name of Depository	Depository Balance at Beginning of Period	Deposits	Checks Issued	Depository Balance at Close of Period	
	Bank					
	Bank					
	Investments					
	Totals					
	Add Cash on Hand at End of Period	x x x x x x x x	x x x x x x x x	x x x x x x x x		
	Plus Cash Short or Minus Cash Long	x x x x x x x x	x x x x x x x x	x x x x x x x x		
	Total Cash Balance	x x x x x x x x	x x x x x x x x	x x x x x x x x		

FEE BOOK

1

Date Filed _____ Case No. _____
 (Plaintiffs) (Defendants)
 _____ vs _____
 Court Costs _____ Receipts No. _____
 Amount of Judgment _____
 Date of Judgment _____ JD _____ Pg. No. _____
 Other Information _____

Additional Information or Receipt

User Fees _____
 Misc. Fees _____

SAMPLE

Date Filed _____ Case No. _____
 (Plaintiffs) (Defendants)
 _____ vs _____
 Court Costs _____ Receipts No. _____
 Amount of Judgment _____
 Date of Judgment _____ JD _____ Pg. No. _____
 Other Information _____

Additional Information or Receipt

User Fees _____
 Misc. Fees _____

SAMPLE

Date Filed _____ Case No. _____
 (Plaintiffs) (Defendants)
 _____ vs _____
 Court Costs _____ Receipts No. _____
 Amount of Judgment _____
 Date of Judgment _____ JD _____ Pg. No. _____
 Other Information _____

Additional Information or Receipt

User Fees _____
 Misc. Fees _____

SAMPLE

Date Filed _____ Case No. _____
 (Plaintiffs) (Defendants)
 _____ vs _____
 Court Costs _____ Receipts No. _____
 Amount of Judgment _____
 Date of Judgment _____ JD _____ Pg. No. _____
 Other Information _____

Additional Information or Receipt

User Fees _____
 Misc. Fees _____

SAMPLE

Date Filed _____ Case No. _____
 (Plaintiffs) (Defendants)
 _____ vs _____
 Court Costs _____ Receipts No. _____
 Amount of Judgment _____
 Date of Judgment _____ JD _____ Pg. No. _____
 Other Information _____

Additional Information or Receipt

User Fees _____
 Misc. Fees _____

SAMPLE

REGISTER OF TRUST FUNDS

Form Prescribed by State Board of Accounts

General Form No. 102 (1959)

	DATE RECEIVED			RECEIPT NUMBER	FOR WHOM RECEIVED	CAUSE NUMBER	RECORD		AMOUNT RECEIVED	✓	DATE DISBURSED			CHECK NUMBER	AMOUNT DISBURSED	MEMORANDA
	MONTH	DAY	YEAR				DOCKET	PAGE			MONTH	DAY	YEAR			
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SAMPLE

PRESCRIBED BY STATE BOARD OF ACCOUNTS

GENERAL FORM NO. 367 (1984)

CLERK'S REPORT TO AUDITOR
OF ADDITIONAL JUDGMENTS FOR EXCISE TAX

TO THE AUDITOR OF _____ COUNTY, INDIANA

COLLECTIONS FOR MONTH _____, ____

LAW ENFORCEMENT AGENCY	NO. OF CITATIONS ISSUED	AMOUNT COLLECTED
STATE POLICE		
COUNTY SHERIFF		
CITY OF _____ POLICE		
CITY OF _____ POLICE		
TOWN MARSHAL - TOWN OF _____		
TOTALS		\$

I SWEAR THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT OF ALL COSTS AND FEES BELONGING TO THE ABOVE AGENCIES AND DEPARTMENTS COLLECTED BY ME FOR THE PERIOD SHOWN.

STATE OF INDIANA _____ COUNTY, SS

IC 9-18-2-41 PROVIDES THAT THE CLERK OF THE COURT SHALL ON A CALENDAR YEAR BASIS TRANSFER ADDITIONAL JUDGMENTS COLLECTED UNDER IC 9-18-2-1 TO THE COUNTY AUDITOR WHO SHALL DISTRIBUTE THE FUNDS TO THE LAW ENFORCEMENT AGENCIES RESPONSIBLE FOR ISSUING CITATIONS. THE PERCENTAGE OF FUNDS DISTRIBUTED TO A LAW ENFORCEMENT AGENCY EQUALS THE TOTAL NUMBER OF CITATIONS ISSUED BY THE LAW ENFORCEMENT AGENCY. THE STATE BOARD OF ACCOUNTS RECOMMENDS MONTHLY FILING OF THIS FORM TO ELIMINATE THE NECESSITY OF CARRYING THESE ITEMS IN TRUST.

_____ COURT

CLERK OF THE COURT

ATTORNEY GENERAL OF INDIANA

REPORT OF UNCLAIMED FUNDS AND ESCHEATED ESTATES DUE THE STATE

DATE PAID IN	FOR WHOM RECEIVED	RECORD	NO.	PAGE	AMOUNT
<p data-bbox="540 926 834 1066">This form to be used when reporting and paying to the Attorney General all unclaimed fees and funds ten or more years old and escheated estates.</p> <p data-bbox="540 1100 812 1182">This form is to be prepared in triplicate. It is furnished by the office of Attorney General.</p>					

SAMPLE

MAKE THREE COPIES, ONE EACH FOR CLERK, ATTORNEY GENERAL, STATE AUDITOR

TOTAL